

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

ADDRESS (number and street)

PO BOX 1631

Check if different  
than previously  
reported. (ACC)

BALTIMORE

MD

21203

2. FEC IDENTIFICATION NUMBER ▼

C

C00310318

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

MD

07

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y

07 / 01 / 2014

through

M M / D D / Y Y Y Y

09 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ronald Thompson

Signature of Treasurer

Ronald Thompson

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 03 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 66

Write or Type Committee Name

CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	126634.00	820052.55
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	3500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	126634.00	816552.55
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	45449.59	340917.24
(b) Total Offsets to Operating Expenditures (from Line 14).....	1750.00	4884.27
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	43699.59	336032.97
8. Cash on Hand at Close of Reporting Period (from Line 27).....	965587.69	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 66

Write or Type Committee Name

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
07 / 01 / 2014

To:

M M / D D / Y Y Y Y  
09 / 30 / 2014

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

32050.00

271924.80

(ii) Unitemized.....

1084.00

4820.75

(iii) TOTAL of contributions from individuals ▶

33134.00

276745.55

(b) Political Party Committees.....

0.00

3000.00

(c) Other Political Committees (such as PACs).....

93500.00

540307.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

126634.00

820052.55

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

1750.00

4884.27

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

1546.38

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

128384.00

826483.20

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 66

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	45449.59	340917.24
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	3500.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	3500.00
21. OTHER DISBURSEMENTS .....	71615.00	335500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	117064.59	679917.24

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	954268.28
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	128384.00
25. SUBTOTAL (add Line 23 and Line 24).....	1082652.28
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	117064.59
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	965587.69

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 66

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

William Blanchet

A.

Mailing Address 764 Stacy Oak Way

City

Millersville

State

MD

Zip Code

21108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Brunage-Bowe-Blanchet

Occupation

Owner

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2014

Transaction ID : SA11AI.15885

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Carmen Brown

B.

Mailing Address 11102 Old Carriage Rd

City

Glen Arm

State

MD

Zip Code

21057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2014

Transaction ID : SA11AI.15921

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

LaVarne Burton

C.

Mailing Address 4296 Buckskin Lake Dr

City

Ellicott City

State

MD

Zip Code

21042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PCMA

Occupation

CEO

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2014

Transaction ID : SA11AI.15918

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 66

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

Cheryl Cody

Mailing Address 3894 Branch Creek CT

City

Zionsville

State

IN

Zip Code

46077

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DaVita Healthcare Partners

Occupation

VP

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		21		2014

Transaction ID : SA11Al.15889

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Dr. Grady Dale

Mailing Address 5128 Yellowwood Ave

City

Baltimore

State

MD

Zip Code

21209

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Urban Psychological Services

Occupation

Doctor

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

Transaction ID : SA11Al.15951

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

Susan Garten

Mailing Address 3801 Canterbury Rd, Unit 712

City

Baltimore

State

MD

Zip Code

21218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

Transaction ID : SA11Al.15947

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2300.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 66  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

<b>A. Bert Hash</b> Full Name (Last, First, Middle Initial) Mailing Address 11705 Parside Rd City State Zip Code Ellicott City MD 21042 FEC ID number of contributing federal political committee. C Name of Employer Occupation MECU President Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date Amount of Each Receipt this Period 500.00			Date of Receipt M M / D D / Y Y Y Y 07 / 05 / 2014 <b>Transaction ID : SA11AI.15792</b> Amount of Each Receipt this Period 500.00		
<b>B. Sam Hutchinson</b> Full Name (Last, First, Middle Initial) Mailing Address 14504 Jones Bridge Rd City State Zip Code Bowie MD 20721 FEC ID number of contributing federal political committee. C Name of Employer Occupation Howard University Attorney Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date Amount of Each Receipt this Period 300.00			Date of Receipt M M / D D / Y Y Y Y 09 / 11 / 2014 <b>Transaction ID : SA11AI.15899</b> Amount of Each Receipt this Period 300.00		
<b>C. Katherine Jennings</b> Full Name (Last, First, Middle Initial) Mailing Address 5704 Ainsley Garth City State Zip Code Baltimore MD 21212 FEC ID number of contributing federal political committee. C Name of Employer Occupation Carnegie Mellon Office Manager Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date Amount of Each Receipt this Period 1500.00			Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2014 <b>Transaction ID : SA11AI.15994</b> Amount of Each Receipt this Period 1000.00		
<b>SUBTOTAL</b> of Receipts This Page (optional)..... <b>TOTAL</b> This Period (last page this line number only).....			1800.00		

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. Lenzie Johnson Jr.

Mailing Address 410 E. 21st Streer

City

Baltimore

State

MD

Zip Code

21218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

J &amp; J Construction

Occupation

Associate

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2014

Transaction ID : SA11AI.15925

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Adam Kane

Mailing Address 5525 Research Park Dr

City

Catonsville

State

MD

Zip Code

21228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Erickson Living

Occupation

SVP

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2014

Transaction ID : SA11AI.15886

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ricardo Kimbers

Mailing Address 932 W. North Ave

City

Baltimore

State

MD

Zip Code

21217

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Dentist

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2014

Transaction ID : SA11AI.15809

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 9 OF 66

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

Willie Lamouse-Smith

A.

Mailing Address 5068 Blacksmith Dr

City

Columbia

State

MD

Zip Code

21044

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UMBC

Occupation

Professor

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		11		2014

Transaction ID : SA11AI.15908

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Larry Lowery

B.

Mailing Address 100 Harborview Dr, #610

City

Baltimore

State

MD

Zip Code

21230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State of Maryland

Occupation

Educator

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.15995

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

George Mahoney

C.

Mailing Address 1815 Edison Hwy

City

Baltimore

State

MD

Zip Code

21213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Monumental Construction

Occupation

President

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		21		2014

Transaction ID : SA11AI.15888

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

1250.00

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 66

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

Stephen Neal

Mailing Address 12816 Willow Marsh Ln

City

Bowie

State

MD

Zip Code

20720

FEC ID number of contributing federal political committee.

C

Name of Employer

K. Neal International Trucks

Occupation

President

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		11		2014

Transaction ID : SA11AI.15904

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Gregory Proctor

Mailing Address 11402 Rhodend Ave

City

Upper Marlboro

State

MD

Zip Code

20772

FEC ID number of contributing federal political committee.

C

Name of Employer

Requested

Occupation

Requested

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		01		2014

Transaction ID : SA11AI.15783

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

Barry Ray

Mailing Address 6221 Park Ave

City

Morton Grove

State

IL

Zip Code

60053

FEC ID number of contributing federal political committee.

C

Name of Employer

VNA of Maryland

Occupation

Vice President

Receipt For: 2016

☒ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07		13		2014

Transaction ID : SA11AI.15814

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

PAGE 11 OF 66

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

Michael Rogers

Mailing Address 2110 Yorktown Rd, NW

City

Washington

State

DC

Zip Code

20012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medstar Health

Occupation

EVP

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2014

Transaction ID : SA11AI.15781

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Elijah Saunders

Mailing Address 2310 Cavesdale Rd

City

Owings Mills

State

MD

Zip Code

21117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Doctor

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2014

Transaction ID : SA11AI.15805

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

Kurt Schmoke

Mailing Address 1292 Hollywood Ave

City

Annapolis

State

MD

Zip Code

21043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Howard University

Occupation

Professor

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2014

Transaction ID : SA11AI.15946

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1600.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 66

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr. Sanford Siegel

Mailing Address 21 Crossroads Dr, Ste 450

City

Owings Mills

State

MD

Zip Code

21117

FEC ID number of contributing federal political committee.

C

Name of Employer  
Chesapeake UrologyOccupation  
Physician

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

Transaction ID : SA11AI.15950

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Florence Thaler

Mailing Address 10 Whitebridge CT

City

Baltimore

State

MD

Zip Code

21208

FEC ID number of contributing federal political committee.

C

Name of Employer  
RetiredOccupation  
Retired

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		18		2014

Transaction ID : SA11AI.15923

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Herbert Thaler

Mailing Address 10 Whitebridge CT

City

Baltimore

State

MD

Zip Code

21208

FEC ID number of contributing federal political committee.

C

Name of Employer  
SelfOccupation  
Attorney

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		23		2014

Transaction ID : SA11AI.15952

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

Kent Thiry

Mailing Address 1400 E. Oxford Lane

City

Cherry Hills Village

State

CO

Zip Code

80113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DaVita

Occupation

Executive

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2014

Transaction ID : SA11AI.15818

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

Darren Trigonoplos

Mailing Address 6150 Simms Dr

City

LaPlata

State

MD

Zip Code

20646

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American International Group

Occupation

Government Affairs

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2014

Transaction ID : SA11AI.15919

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Alfred Tyler

Mailing Address P. O. Box 24145

City

Baltimore

State

MD

Zip Code

21227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alfred Tyler &amp; Assoc

Occupation

CEO

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2014

Transaction ID : SA11AI.15953

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 66

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

Annie Umbricht

Mailing Address 804 Huntsman Road

City

Towson

State

MD

Zip Code

21286

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Physician

Occupation

Johns Hopkins University

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2014

Transaction ID : SA11AI.15914

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

Annie Umbricht

Mailing Address 804 Huntsman Road

City

Towson

State

MD

Zip Code

21286

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Physician

Occupation

Johns Hopkins University

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA11AI.16000

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

Nancy Van Coverden

Mailing Address 4782 Wellesley Dr

City

Woodbridge

State

VA

Zip Code

22192

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2014

Transaction ID : SA11AI.15782

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2600.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 15 OF 66

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**Glenda White****A.**

Mailing Address 11490 Corinthia CT

City

Woodbridge

State

VA

Zip Code

11191

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RequestedOccupation  
Requested

Receipt For: 2016

☒ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

6200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2014

**Transaction ID : SA11Al.15784**

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2500.00

32050.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 16 OF 66

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

A. ACCENTURE INC. POLITICAL ACTION COMMITTEE

Mailing Address 800 CONNECTICUT AVENUE NW  
 SUITE 600

City	State	Zip Code
WASHINGTON	DC	20006

FEC ID number of contributing federal political committee.

C C00300707

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2014

Transaction ID : SA11C.15787

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. AIRCRAFT OWNERS AND PILOTS ASSOCIATION (POLITICAL ACTION COMMITTEE)

Mailing Address 421 AVIATION WAY

City	State	Zip Code
FREDERICK	MD	21701

FEC ID number of contributing federal political committee.

C C70004585

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2014

Transaction ID : SA11C.15788

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. AIR LINE PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1625 MASSACHUSETTS AVE, N.W.

City	State	Zip Code
WASHINGTON	DC	20036

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA11C.16011

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC/PAC)

Mailing Address 1015 15TH STREET, NW #802

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2014

Transaction ID : SA11C.15961

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS EFFECTIVE LEGISLATION COMMITTEE (AICPA)

Mailing Address HARBORSIDE FINANCIAL CENTER  
201 PLAZA 3

City

JERSEY CITY

State

NJ

Zip Code

07311

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2014

Transaction ID : SA11C.15962

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

AREVA INC. PAC

Mailing Address 1155 F STREET, NW  
SUITE 800

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

C00395285

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

Transaction ID : SA11C.16009

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

4500.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 66

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

AT&amp;T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&amp;T FEDERAL PAC)

A.

Mailing Address 175 E. Houston Street  
Room 7-A-50

City	State	Zip Code
San Antonio	TX	78205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

6000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		18		2014

Transaction ID : SA11C.15926

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

BAKERY CONFECTIONERY TOBACCO WKRS &amp; GRAIN MILLERS INT'L UNION LOCAL 19 POL ORG 'BCTGM'

B.

Mailing Address 1870 EAST 19TH STREET

City	State	Zip Code
CLEVELAND	OH	44114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		02		2014

Transaction ID : SA11C.15825

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

BECHTEL GROUP, INC. POLITICAL ACTION COMMITTEE (BECHTEL POLITICAL ACTION COMMITTEE)

C.

Mailing Address 50 BEALE STREET

City	State	Zip Code
SAN FRANCISCO	CA	94105

FEC ID number of contributing  
federal political committee.

C C00103697

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		18		2014

Transaction ID : SA11C.15929

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

6000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**BOEING COMPANY POLITICAL ACTION COMMITTEE, THE**

Mailing Address 1200 Wilson Blvd

City

Arlington

State

VA

Zip Code

22209

FEC ID number of contributing  
federal political committee.**C** C00142711

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11C.16001

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

COMMITTEE ON LETTER CARRIERS POLITICAL EDUCATION (LETTER CARRIERS POLITICAL ACTION FUND)

Mailing Address 100 INDIANA AVE., N. W.

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		30		2014

Transaction ID : SA11C.16002

Amount of Each Receipt this Period

4000.00

**C.**

Full Name (Last, First, Middle Initial)

**CUMMINS INC. POLITICAL ACTION COMMITTEE (CIPAC)**Mailing Address 601 PENNSYLVANIA AVENUE, NW  
NORTH BUILDING, SUITE 625

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.**C** C00377952

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		18		2014

Transaction ID : SA11C.15936

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional).....

5500.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 66

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**EXELON CORPORATION POLITICAL ACTION COMMITTEE (EXELON PAC)**

**A.**

Mailing Address 101 CONSTITUTION AVENUE NW  
SUITE 400 EAST

City	State	Zip Code
WASHINGTON	DC	20001

FEC ID number of contributing federal political committee.

**C** C00141218

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 05 / 2014

**Transaction ID : SA11C.15804**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**FEDERAL EXPRESS POLITICAL ACTION COMMITTEE (FED EXPAC)**

**B.**

Mailing Address 3620 HACKS CROSSING ROAD

City	State	Zip Code
MEMPHIS	TN	38125

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2014

**Transaction ID : SA11C.16005**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**FEDERAL MANAGERS' ASSOCIATION POLITICAL ACTION COMMITTEE**

**C.**

Mailing Address 1641 PRINCE STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 11 / 2014

**Transaction ID : SA11C.15882**

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**GENERAL MOTORS CORPORATION POLITICAL ACTION COMMITTEE (GM PAC)****A.**

Mailing Address P.O. BOX 75000

PAC SERVICES MC 2250

City

DETROIT

State

MI

Zip Code

48275

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

7000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2014

**Transaction ID : SA11C.16008**

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

**INTERNATIONAL UNION OF OPERATING ENGINEERS****B.**

Mailing Address 1125 17 STREET NW

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2014

**Transaction ID : SA11C.15883**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**IRON MOUNTAIN INCORPORATED EMPLOYEES PAC AKA IMPAC****C.**

Mailing Address 745 ATLANTIC AVE

City

BOSTON

State

MA

Zip Code

02111

FEC ID number of contributing  
federal political committee.

C

C00523936

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2014

**Transaction ID : SA11C.15820**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

9000.00

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 66

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**IRONWORKERS POLITICAL ACTION LEAGUE****A.**

Mailing Address 1750 NY AVE, NW SUITE 400

City

WASHINGTON

State

DC

Zip Code

20006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2014

**Transaction ID : SA11C.15811**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**JOBS AMERICA PAC****B.**

Mailing Address 545 E TOWN STREET

City

COLUMBUS

State

OH

Zip Code

43215

FEC ID number of contributing  
federal political committee.

C C00554055

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2014

**Transaction ID : SA11C.15810**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**LOCKHEED MARTIN EMPLOYEES POLITICAL ACTION COMMITTEE****C.**Mailing Address 1725 JEFFERSON DAVIS HIGHWAY  
CRYSTAL SQUARE TWO SUITE 300

City

ARLINGTON

State

VA

Zip Code

22202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2014

**Transaction ID : SA11C.15826**

Amount of Each Receipt this Period

3000.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

5500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FUND A**

Mailing Address 1095 AVENUE OF THE AMERICAS

City

NEW YORK

State

NY

Zip Code

10036

FEC ID number of contributing  
federal political committee.

C

C00040923

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2014

Transaction ID : SA11C.15958

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

**NATIONAL ASSOCIATION OF DISABILITY REPRESENTATIVES PAC (NADR PAC)**

Mailing Address P. O. BOX 96503 #30550

City

WASHINGTON

State

DC

Zip Code

20090

FEC ID number of contributing  
federal political committee.

C

C00432757

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2014

Transaction ID : SA11C.15939

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

**NATIONAL ASSOCIATION OF POSTAL SUPERVISORS POLITICAL ACTION COMMITTEE**

Mailing Address 1727 KING ST STE 400

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2014

Transaction ID : SA11C.15898

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional).....

5500.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF POSTMASTERS OF THE UNITED STATES (NAPUS PAC)

**A.**

Mailing Address 8 HERBERT STREET

City

ALEXANDRIA

State

VA

Zip Code

22305

FEC ID number of contributing  
federal political committee.

**C** C00100404

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

08

11

2014

**Transaction ID : SA11C.15884**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

**B.**

Mailing Address 1101 King Street  
Suite 600

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

09

18

2014

**Transaction ID : SA11C.15927**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

NATIONAL POSTAL MAIL HANDLERS UNION - DIVISION OF LABORERS' INT'L UNION OF NORTH AMERICA A

**C.**

Mailing Address 905 16th St., NW  
Second Floor

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing  
federal political committee.

**C** C00345306

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

3000.00

Date of Receipt

07

01

2014

**Transaction ID : SA11C.15789**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

11000.00

**TOTAL** This Period (last page this line number only).....



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

OFFICE OF THE COMMISSIONER OF MAJOR LEAGUE BASEBALL POLITICAL ACTION COMMITTEE

**A.**

Mailing Address 1050 CONNECTICUT AVE NW STE 1100

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

**C** C00368142

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

6000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 30 2014

**Transaction ID : SA11C.16007**

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

**PALLONE FOR CONGRESS**

Mailing Address PO BOX 3176

City

LONG BRANCH

State

NJ

Zip Code

07740

FEC ID number of contributing  
federal political committee.

**C** C00226928

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 04 2014

**Transaction ID : SA11C.15874**

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

**PENINSULA PAC**

Mailing Address 555 CAPITOL MALL, SUITE 1425

City

SACRAMENTO

State

CA

Zip Code

95814

FEC ID number of contributing  
federal political committee.

**C** C00557850

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 13 2014

**Transaction ID : SA11C.15812**

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**REALTORS POLITICAL ACTION COMMITTEE**

Mailing Address 430 NORTH MICHIGAN AVE

City

CHICAGO

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

4500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2014

Transaction ID : SA11C.15938

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

**Sailors Political Fund**

Mailing Address 450 Harrison Street

City

San Francisco

State

CA

Zip Code

94105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2014

Transaction ID : SA11C.15896

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

SEAFARERS POLITICAL ACTIVITY DONATION-SEAFARERS INTERNAT'L UNION OF NA-AGLIWD DIST (SPAD)

Mailing Address 5201 AUTH WAY

City

CAMP SPRINGS

State

MD

Zip Code

20746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2014

Transaction ID : SA11C.15935

Amount of Each Receipt this Period

4500.00

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

6000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial)

SERVICE EMPLOYEES INTERNATIONAL UNION POLITICAL CAMPAIGN COMMITTEE

A.

Mailing Address 1313 L STREET NW

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		01		2014

Transaction ID : SA11C.15786

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

SHEET METAL AND AIR CONDITIONING CONTRACTORS POLITICAL ACTION COMMITTEE

Mailing Address 4201 LAFAYETTE CENTER DRIVE

City

CHANTILLY

State

VA

Zip Code

20151

FEC ID number of contributing  
federal political committee.

C C00013961

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		18		2014

Transaction ID : SA11C.15932

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

SIERRA CLUB POLITICAL COMMITTEE

Mailing Address 85 Second Street 2nd Flr.

City

San Francisco

State

CA

Zip Code

94105

FEC ID number of contributing  
federal political committee.

C C00135368

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		23		2014

Transaction ID : SA11C.15960

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

11000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERICA PAC**

**A.**

Mailing Address 3930 PENDER DRIVE  
SUITE 340

City	State	Zip Code
FAIRFAX	VA	20121

FEC ID number of contributing federal political committee.

**C** C00120030

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2014

**Transaction ID : SA11C.15822**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY FEDERAL POLITICAL ACTION COMMITTEE**

**B.**

Mailing Address ONE STATE FARM PLAZA  
C/O MARK SCHWAMBERGER, TREASURER,

City	State	Zip Code
BLOOMINGTON	IL	61710

FEC ID number of contributing federal political committee.

**C** C00544817

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2014

**Transaction ID : SA11C.15930**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**SUGAR CANE GROWERS COOPERATIVE OF FLORIDA (PAC)**

**C.**

Mailing Address PO BOX 666

City	State	Zip Code
BELLE GLADE	FL	33430

FEC ID number of contributing federal political committee.

**C** C00254656

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		02		2014

**Transaction ID : SA11C.15823**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4000.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**SYCUAN BAND OF THE KUMEYAAY NATION**

Mailing Address 5459 SYCUAN ROAD

City

EL CAJON

State

CA

Zip Code

92019

FEC ID number of contributing  
federal political committee.

**C** C90009143

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 30 2014

Transaction ID : SA11C.16003

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**TOYOTA MOTOR NORTH AMERICA INC PAC AKA TOYOTA/LEXUS PAC**

Mailing Address 601 THIRTEENTH STREET NW  
STE 910 S

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

**C** C00542365

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 25 2014

Transaction ID : SA11C.15895

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**TRANSPORT WORKERS UNION POLITICAL CONTRIBUTIONS COMMITTEE**

Mailing Address 80 WEST END AVENUE

City

NEW YORK

State

NY

Zip Code

10023

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 18 2014

Transaction ID : SA11C.15928

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional).....

7000.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)**

Mailing Address 8000 EAST JEFFERSON

City

DETROIT

State

MI

Zip Code

48214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

8000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 23 2014

Transaction ID : SA11C.15964

Amount of Each Receipt this Period

2000.00

A.

Full Name (Last, First, Middle Initial)

**WELLS FARGO AND COMPANY EMPLOYEE PAC (AKA WELLS FARGO EMPLOYEE PAC)**

Mailing Address Sixth and Marquette

MAC N9305-084

City

Minneapolis

State

MN

Zip Code

55479

FEC ID number of contributing  
federal political committee.

C C00034595

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 30 2014

Transaction ID : SA11C.16006

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C.

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

4000.00

93500.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**Elijah Cummings**

Mailing Address 2901 Druid Park Drive

Suite 203

City

Baltimore

State

MD

Zip Code

21215

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3510.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2014

**Transaction ID : SA14.15815**

Amount of Each Receipt this Period

1750.00

Reimbursement for personal usage of auto

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1750.00

1750.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 66

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ACTBLUE**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Service Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		05		2014

Amount of Each Disbursement this Period

29.33
-------

Transaction ID : SB17.15803

**B. ACTBLUE**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Service Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2014

Amount of Each Disbursement this Period

2.18
------

Transaction ID : SB17.15827

**C. ACTBLUE**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Service Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2014

Amount of Each Disbursement this Period

0.60
------

Transaction ID : SB17.15878

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

32.11



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ACTBLUE**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Service Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2014

Amount of Each Disbursement this Period

0.68
------

Transaction ID : SB17.15879

**B. ACTBLUE**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Service Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		22		2014

Amount of Each Disbursement this Period

42.47
-------

Transaction ID : SB17.15894

**C. ACTBLUE**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Service Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		11		2014

Amount of Each Disbursement this Period

13.06
-------

Transaction ID : SB17.15916

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

56.21

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 66

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. ACTBLUE**

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Service Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		11		2014

Amount of Each Disbursement this Period

0.40
------

Transaction ID : SB17.15917

**B. ACTBLUE**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Service Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		23		2014

Amount of Each Disbursement this Period

0.91
------

Transaction ID : SB17.15957

**C. ACTBLUE**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 382110

City	State	Zip Code
Cambridge	MA	02238

Purpose of Disbursement  
Service Fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

Amount of Each Disbursement this Period

33.31
-------

Transaction ID : SB17.16012

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

34.62

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Francine Allen**

Mailing Address 4 Cascade Range Court

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

City	State	Zip Code
Owings Mills	MD	21117

Amount of Each Disbursement this Period

250.00
--------

Purpose of Disbursement  
Campaign ServicesCategory/  
Type**Transaction ID : SB17.15723**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 360001

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

City	State	Zip Code
Fort Lauderdale	FL	33336

Amount of Each Disbursement this Period

547.31
--------

Purpose of Disbursement  
TravelCategory/  
Type**Transaction ID : SB17.16018**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Baltimore Orioles**

Mailing Address 333 West Camden Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2014

City	State	Zip Code
Baltimore	MD	21201

Amount of Each Disbursement this Period

2700.00
---------

Purpose of Disbursement  
FundraiserCategory/  
Type**Transaction ID : SB17.15838**

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3497.31

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 66

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Best Buy**

Mailing Address 15800 Collington Rd

City	State	Zip Code
Bowie	MD	20715

Purpose of Disbursement  
Computer Supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		05		2014

Amount of Each Disbursement this Period

143.43
--------

Transaction ID : SB17.15973

**B. Charm City Catering**

Mailing Address 600 W. North Ave

City	State	Zip Code
Baltimore	MD	21217

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		09		2014

Amount of Each Disbursement this Period

2896.25
---------

Transaction ID : SB17.15852

**c. Rhona Chase**

Mailing Address 1932 Swansea Road

City	State	Zip Code
Baltimore	MD	21239

Purpose of Disbursement  
Campaign Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		13		2014

Amount of Each Disbursement this Period

270.00
--------

Transaction ID : SB17.15716

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3309.68

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Michael Christinanson**

Mailing Address 189 Edgewater Road, RR 14

City	State	Zip Code
Pasadena	MD	21122

Purpose of Disbursement  
Campaign Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 03 / 2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.15722

**B. Comcast**

Mailing Address PO Box 3005

City	State	Zip Code
Southeastern	PA	19398

Purpose of Disbursement  
Internet

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 12 / 2014

Amount of Each Disbursement this Period

75.22
-------

Transaction ID : SB17.15754

**c. Comcast**

Mailing Address PO Box 3005

City	State	Zip Code
Southeastern	PA	19398

Purpose of Disbursement  
Internet

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 23 / 2014

Amount of Each Disbursement this Period

75.22
-------

Transaction ID : SB17.15862

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1150.44

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 66

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Comcast**

Mailing Address PO Box 3005

City	State	Zip Code
Southeastern	PA	19398

Purpose of Disbursement  
Internet

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		26		2014

Amount of Each Disbursement this Period

75.22
-------

Transaction ID : SB17.15988

**B. Elijah Cummings**Mailing Address 2901 Druid Park Drive  
Suite 203

City	State	Zip Code
Baltimore	MD	21215

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2014

Amount of Each Disbursement this Period

1627.54
---------

Transaction ID : SB17.15750

**c. Elijah Cummings**Mailing Address 2901 Druid Park Drive  
Suite 203

City	State	Zip Code
Baltimore	MD	21215

Purpose of Disbursement  
Supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2014

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : SB17.15771

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1802.76

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Elijah Cummings**Mailing Address 2901 Druid Park Drive  
Suite 203City State Zip Code  
Baltimore MD 21215Purpose of Disbursement  
Meals

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2014

Amount of Each Disbursement this Period

159.59
--------

Transaction ID : SB17.15839

**B. Elijah Cummings**Mailing Address 2901 Druid Park Drive  
Suite 203City State Zip Code  
Baltimore MD 21215Purpose of Disbursement  
Supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		23		2014

Amount of Each Disbursement this Period

89.72
-------

Transaction ID : SB17.15860

**C. Delaware North Sportservice**

Mailing Address 555 Russell Street, Suite B

City State Zip Code  
Baltimore MD 21230Purpose of Disbursement  
Fundraiser

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		09		2014

Amount of Each Disbursement this Period

1551.10
---------

Transaction ID : SB17.15840

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1800.41

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Diversified Marketing**

Mailing Address 583 Frederick Rd, Ste. 3

City	State	Zip Code
Baltimore	MD	21228

Purpose of Disbursement  
Printing & Duplication

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2014

Amount of Each Disbursement this Period

3847.57
---------

Transaction ID : SB17.15746

**B. EIG Homestead**

Mailing Address 100 Marine Pkwy, Suite 275

City	State	Zip Code
Redwood	CA	94065

Purpose of Disbursement  
Internet

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		09		2014

Amount of Each Disbursement this Period

49.99
-------

Transaction ID : SB17.15848

**c. EIG Homestead**

Mailing Address 100 Marine Pkwy, Suite 275

City	State	Zip Code
Redwood	CA	94065

Purpose of Disbursement  
Internet

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2014

Amount of Each Disbursement this Period

49.99
-------

Transaction ID : SB17.15975

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3947.55



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Falls Road Carroll Fuel**

Mailing Address 4422 Falls Rd

City	State	Zip Code
Baltimore	MD	21211

Purpose of Disbursement  
Fuel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2014

Amount of Each Disbursement this Period

265.25
--------

Transaction ID : SB17.15727

**B. Falls Road Carroll Fuel**

Mailing Address 4422 Falls Rd

City	State	Zip Code
Baltimore	MD	21211

Purpose of Disbursement  
Fuel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		09		2014

Amount of Each Disbursement this Period

37.83
-------

Transaction ID : SB17.15844

**c. Falls Road Carroll Fuel**

Mailing Address 4422 Falls Rd

City	State	Zip Code
Baltimore	MD	21211

Purpose of Disbursement  
Fuel

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2014

Amount of Each Disbursement this Period

25.91
-------

Transaction ID : SB17.15976

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

328.99

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 66

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Joyce Farrington**

Mailing Address 5903 Bland Avenue

City	State	Zip Code
Baltimore	MD	21215

Purpose of Disbursement  
Campaign Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		09		2014

Amount of Each Disbursement this Period

600.00
--------

Transaction ID : SB17.15744

**B. Joyce Farrington**

Mailing Address 5903 Bland Avenue

City	State	Zip Code
Baltimore	MD	21215

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2014

Amount of Each Disbursement this Period

178.24
--------

Transaction ID : SB17.15751

**c. Joyce Farrington**

Mailing Address 5903 Bland Avenue

City	State	Zip Code
Baltimore	MD	21215

Purpose of Disbursement  
Campaign Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		12		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.15858

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1778.24

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 66

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Ford Credit**

Mailing Address Box 220564

City	State	Zip Code
Pittsburg	PA	15257

Purpose of Disbursement  
Auto Payment

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

649.81
--------

Transaction ID : SB17.15715

**B. Ford Credit**

Mailing Address Box 220564

City	State	Zip Code
Pittsburg	PA	15257

Purpose of Disbursement  
Auto Payment

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2014

Amount of Each Disbursement this Period

649.81
--------

Transaction ID : SB17.15835

**c. Ford Credit**

Mailing Address Box 220564

City	State	Zip Code
Pittsburg	PA	15257

Purpose of Disbursement  
Auto Payment

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2014

Amount of Each Disbursement this Period

649.81
--------

Transaction ID : SB17.15985

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1949.43

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 66

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Hampton Inn Moab**

Mailing Address 488 N. Main Street

City	State	Zip Code
Moab	UT	84532

Purpose of Disbursement  
Chaffetz tour

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		09		2014

Amount of Each Disbursement this Period

248.98
--------

Transaction ID : SB17.15850

**B. Harbor Bank**

Mailing Address 25 W. Fayette Street

City	State	Zip Code
Baltimore	MD	21201

Purpose of Disbursement  
Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2014

Amount of Each Disbursement this Period

18.30
-------

Transaction ID : SB17.15981

**c. Johnny's Half Shell**

Mailing Address 400 North Capitol Street, NW

City	State	Zip Code
Washington	DC	20001

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2014

Amount of Each Disbursement this Period

937.50
--------

Transaction ID : SB17.15726

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1204.78

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 66

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mayor & City Council of Baltimore**

Mailing Address 2223 Wheatley Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2014

City	State	Zip Code
Baltimore	MD	21207

Amount of Each Disbursement this Period

800.95
--------

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type**Transaction ID : SB17.15753**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Mayor & City Council of Baltimore**

Mailing Address 2223 Wheatley Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		23		2014

City	State	Zip Code
Baltimore	MD	21207

Amount of Each Disbursement this Period

800.95
--------

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type**Transaction ID : SB17.15861**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**C. Mayor & City Council of Baltimore**

Mailing Address 2223 Wheatley Drive

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		26		2014

City	State	Zip Code
Baltimore	MD	21207

Amount of Each Disbursement this Period

800.95
--------

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type**Transaction ID : SB17.15989**

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2402.85

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 66

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. PayChex Payroll**

Mailing Address 700 Red Brook Blvd, Suite 200

City	State	Zip Code
Owings Mills	MD	21117

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2014

Amount of Each Disbursement this Period

342.91
--------

Transaction ID : SB17.15756

**B. PayChex Payroll**

Mailing Address 700 Red Brook Blvd, Suite 200

City	State	Zip Code
Owings Mills	MD	21117

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2014

Amount of Each Disbursement this Period

153.16
--------

Transaction ID : SB17.15757

**c. PayChex Payroll**

Mailing Address 700 Red Brook Blvd, Suite 200

City	State	Zip Code
Owings Mills	MD	21117

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		14		2014

Amount of Each Disbursement this Period

733.59
--------

Transaction ID : SB17.15758

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1229.66

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 66

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. PayChex Payroll**

Mailing Address 700 Red Brook Blvd, Suite 200

City	State	Zip Code
Owings Mills	MD	21117

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2014

Amount of Each Disbursement this Period

342.91
--------

Transaction ID : SB17.15759

**B. PayChex Payroll**

Mailing Address 700 Red Brook Blvd, Suite 200

City	State	Zip Code
Owings Mills	MD	21117

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2014

Amount of Each Disbursement this Period

733.59
--------

Transaction ID : SB17.15760

**c. PayChex Payroll**

Mailing Address 700 Red Brook Blvd, Suite 200

City	State	Zip Code
Owings Mills	MD	21117

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2014

Amount of Each Disbursement this Period

342.91
--------

Transaction ID : SB17.15828

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1419.41

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 66

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. PayChex Payroll**

Mailing Address 700 Red Brook Blvd, Suite 200

City	State	Zip Code
Owings Mills	MD	21117

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 11 / 2014

Amount of Each Disbursement this Period

163.16
--------

Transaction ID : SB17.15829

**B. PayChex Payroll**

Mailing Address 700 Red Brook Blvd, Suite 200

City	State	Zip Code
Owings Mills	MD	21117

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 14 / 2014

Amount of Each Disbursement this Period

733.59
--------

Transaction ID : SB17.15830

**c. PayChex Payroll**

Mailing Address 700 Red Brook Blvd, Suite 200

City	State	Zip Code
Owings Mills	MD	21117

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
08 / 15 / 2014

Amount of Each Disbursement this Period

342.91
--------

Transaction ID : SB17.15831

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1239.66



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. PayChex Payroll**

Mailing Address 700 Red Brook Blvd, Suite 200

City	State	Zip Code
Owings Mills	MD	21117

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		28		2014

Amount of Each Disbursement this Period

733.59
--------

Transaction ID : SB17.15832

**B. PayChex Payroll**

Mailing Address 700 Red Brook Blvd, Suite 200

City	State	Zip Code
Owings Mills	MD	21117

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		29		2014

Amount of Each Disbursement this Period

342.91
--------

Transaction ID : SB17.15833

**c. PayChex Payroll**

Mailing Address 700 Red Brook Blvd, Suite 200

City	State	Zip Code
Owings Mills	MD	21117

Purpose of Disbursement  
Payroll Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2014

Amount of Each Disbursement this Period

163.16
--------

Transaction ID : SB17.15991

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1239.66

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 66

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. PayChex Payroll**

Mailing Address 700 Red Brook Blvd, Suite 200

City	State	Zip Code
Owings Mills	MD	21117

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		12		2014

Amount of Each Disbursement this Period

733.59
--------

Transaction ID : SB17.15992

**B. PayChex Payroll**

Mailing Address 700 Red Brook Blvd, Suite 200

City	State	Zip Code
Owings Mills	MD	21117

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2014

Amount of Each Disbursement this Period

342.91
--------

Transaction ID : SB17.15993

**c. PayChex Payroll**

Mailing Address 700 Red Brook Blvd, Suite 200

City	State	Zip Code
Owings Mills	MD	21117

Purpose of Disbursement  
Salaries

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

Amount of Each Disbursement this Period

733.59
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Transaction ID : SB17.16023

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1810.09

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Postmaster**

Mailing Address 900 E. Fayette Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2014

City	State	Zip Code
Baltimore	MD	21284

Purpose of Disbursement  
Postage

Amount of Each Disbursement this Period

445.00
--------

Transaction ID : SB17.15836

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Rim Renew, LLC**

Mailing Address 6431 Baltimore Natl Pike, # 107,

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2014

City	State	Zip Code
Catonsville	MD	21228

Purpose of Disbursement  
Tire service

Amount of Each Disbursement this Period

379.50
--------

Transaction ID : SB17.15724

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**c. Royal Farms**

Mailing Address 1530 Russell Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2014

City	State	Zip Code
Baltimore	MD	21202

Purpose of Disbursement  
Fuel

Amount of Each Disbursement this Period

53.23
-------

Transaction ID : SB17.15729

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

877.73

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 66

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Royal Farms**

Mailing Address 1530 Russell Street

City	State	Zip Code
Baltimore	MD	21202

Purpose of Disbursement  
Fuel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		09		2014

Amount of Each Disbursement this Period

189.02
--------

Transaction ID : SB17.15843

**B. Russell Street BP**

Mailing Address 2000 Haines Street

City	State	Zip Code
Baltimore	MD	21230

Purpose of Disbursement  
Fuel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2014

Amount of Each Disbursement this Period

174.66
--------

Transaction ID : SB17.15730

**C. Russell Street BP**

Mailing Address 2000 Haines Street

City	State	Zip Code
Baltimore	MD	21230

Purpose of Disbursement  
Fuel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		09		2014

Amount of Each Disbursement this Period

97.67
-------

Transaction ID : SB17.15847

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

461.35

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Russell Street BP**

Mailing Address 2000 Haines Street

City	State	Zip Code
Baltimore	MD	21230

Purpose of Disbursement  
Fuel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		08		2014

Amount of Each Disbursement this Period

57.89
-------

Transaction ID : SB17.15977

**B. Vernon Simms**

Mailing Address 2402 Lawnwood Circle

City	State	Zip Code
Baltimore	MD	21207

Purpose of Disbursement  
Campaign Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

1250.00
---------

Transaction ID : SB17.15720

**c. Harry Spikes**

Mailing Address 12 Jonquil Ave

City	State	Zip Code
Landover	MD	20785

Purpose of Disbursement  
Campaign Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.15721

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1557.89

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 66

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Staples Office Supplies**

Mailing Address 1504 Reisterstown Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2014

City	State	Zip Code
Pikesville	MD	21208

Amount of Each Disbursement this Period

108.72
--------

Purpose of Disbursement  
SuppliesCategory/  
Type

Transaction ID : SB17.15745

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**B. Staples Office Supplies**

Mailing Address 1504 Reisterstown Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		06		2014

City	State	Zip Code
Pikesville	MD	21208

Amount of Each Disbursement this Period

287.21
--------

Purpose of Disbursement  
SuppliesCategory/  
Type

Transaction ID : SB17.15974

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

**c. Amy Stratton**

Mailing Address 7620 Woodpark Lane, #204

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2014

City	State	Zip Code
Columbia	MD	21046

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Campaign ServicesCategory/  
Type

Transaction ID : SB17.15719

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1395.93

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Teavolve Cafe**

Mailing Address 1401 Aliceanna Street

City	State	Zip Code
Baltimore	MD	21231

Purpose of Disbursement  
Fundraiser

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2014

Amount of Each Disbursement this Period

748.00
--------

Transaction ID : SB17.15736

**B. Teavolve Cafe**

Mailing Address 1401 Aliceanna Street

City	State	Zip Code
Baltimore	MD	21231

Purpose of Disbursement  
Meal

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2014

Amount of Each Disbursement this Period

49.98
-------

Transaction ID : SB17.15739

**c. Ronald Thompson**

Mailing Address P. O. Box 1631

City	State	Zip Code
Baltimore	MD	21203

Purpose of Disbursement  
Treasury Services

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		09		2014

Amount of Each Disbursement this Period

600.00
--------

Transaction ID : SB17.15743

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1397.98

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Ronald Thompson**

Mailing Address P. O. Box 1631

City	State	Zip Code
Baltimore	MD	21203

Purpose of Disbursement  
Treasury Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2014

Amount of Each Disbursement this Period

1050.00
---------

Transaction ID : SB17.15755

**B. Ronald Thompson**

Mailing Address P. O. Box 1631

City	State	Zip Code
Baltimore	MD	21203

Purpose of Disbursement  
Treasury Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		23		2014

Amount of Each Disbursement this Period

1050.00
---------

Transaction ID : SB17.15863

**C. Ronald Thompson**

Mailing Address P. O. Box 1631

City	State	Zip Code
Baltimore	MD	21203

Purpose of Disbursement  
Postage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		23		2014

Amount of Each Disbursement this Period

49.00
-------

Transaction ID : SB17.15864

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2149.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 OF 66

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Ronald Thompson**

Mailing Address P. O. Box 1631

City	State	Zip Code
Baltimore	MD	21203

Purpose of Disbursement  
Treasury Services

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 26 / 2014

Amount of Each Disbursement this Period

Amount
1050.00

Transaction ID : SB17.15990

**B. Union Street Media**

Mailing Address 2711 Farnsworth Dr

City	State	Zip Code
Alexandria	VA	22303

Purpose of Disbursement  
Website

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 15 / 2014

Amount of Each Disbursement this Period

Amount
2500.00

Transaction ID : SB17.15770

**c. Verizon**

Mailing Address P O Box 17577

City	State	Zip Code
Baltimore	MD	21297

Purpose of Disbursement  
Utilities

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 28 / 2014

Amount of Each Disbursement this Period

Amount
332.49

Transaction ID : SB17.15780

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3882.49

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 66

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Verizon**

Mailing Address P O Box 17577

City	State	Zip Code
Baltimore	MD	21297

Purpose of Disbursement  
Utilities

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		02		2014

Amount of Each Disbursement this Period

309.86
--------

Transaction ID : SB17.15834

**B. Verizon**

Mailing Address P O Box 17577

City	State	Zip Code
Baltimore	MD	21297

Purpose of Disbursement  
Utilities

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		10		2014

Amount of Each Disbursement this Period

312.17
--------

Transaction ID : SB17.15986

**c. Verizon**

Mailing Address P O Box 17577

City	State	Zip Code
Baltimore	MD	21297

Purpose of Disbursement  
Utilities

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

Amount of Each Disbursement this Period

320.02
--------

Transaction ID : SB17.16021

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

942.05

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 66

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Verizon Wireless**

Mailing Address P. O. Box 17464

City	State	Zip Code
Baltimore	MD	21297

Purpose of Disbursement  
Utilities

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		23		2014

Amount of Each Disbursement this Period

394.73
--------

Transaction ID : SB17.15859

**B. Verizon Wireless**

Mailing Address P. O. Box 17464

City	State	Zip Code
Baltimore	MD	21297

Purpose of Disbursement  
Utilities

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		19		2014

Amount of Each Disbursement this Period

345.52
--------

Transaction ID : SB17.15987

**C. VISA**

Mailing Address P. O. Box 71050

City	State	Zip Code
Charlotte	NC	28272

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2014

Amount of Each Disbursement this Period

1021.20
---------

Transaction ID : SB17.15772

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1761.45

44659.73

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 60 OF 66

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Citizens For Cassandra Beverley**

Mailing Address 137-B Alice Anne Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		27		2014

City	State	Zip Code
Bel Air	MD	21014

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB21.15866

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Citizens United For The 44th District, Inc.**

Mailing Address 1043 West Lexington Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		12		2014

City	State	Zip Code
Baltimore	MD	21223

Amount of Each Disbursement this Period

750.00
--------

Transaction ID : SB21.15856

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. CLEAVER FOR CONGRESS**

Mailing Address 4801 MAIN STREET, STUITE 1000

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2014

City	State	Zip Code
KANSAS CITY	MO	64112

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB21.15774

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought:	<input checked="" type="checkbox"/> House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: MO District: 05

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 61 OF 66

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Committie to Elect Jim Brochin**

Mailing Address 1105 Echo Court North

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2014

City	State	Zip Code
Towson	MD	21286

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type**Transaction ID : SB21.15747**

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. Congressional Black Caucus Fondation**

Mailing Address 430 S. Capitol, SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2014

City	State	Zip Code
Washington	DC	20003

Amount of Each Disbursement this Period

7500.00
---------

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type**Transaction ID : SB21.15853**

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. Congressional Black Caucus Fondation**

Mailing Address 430 S. Capitol, SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2014

City	State	Zip Code
Washington	DC	20003

Amount of Each Disbursement this Period

700.00
--------

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type**Transaction ID : SB21.15855**

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8700.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. CONYERS FOR CONGRESS**

Mailing Address PO BOX 70980

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		14		2014

City	State	Zip Code
WASHINGTON	DC	20024

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type**Transaction ID : SB21.15763**

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
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State: MI District: 13

Full Name (Last, First, Middle Initial)

**B. Democratic Congressional Campaign Committee**

Mailing Address 430 S. Capitol Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		14		2014

City	State	Zip Code
Washington	DC	20003

Amount of Each Disbursement this Period

7000.00
---------

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type**Transaction ID : SB21.15762**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
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State: District:

Full Name (Last, First, Middle Initial)

**C. Democratic Congressional Campaign Committee**

Mailing Address 430 S. Capitol Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		14		2014

City	State	Zip Code
Washington	DC	20003

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type**Transaction ID : SB21.15764**

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
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State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

14000.00
----------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Friends of the Central Committee Slate**

Mailing Address 11090 Swansfield RD

Date of Disbursement

M M	D D	Y Y Y Y
07	30	2014

City	State	Zip Code
Columbia	MD	21044

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB21.15777

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. HASTINGS FOR CONGRESS**

Mailing Address P.O. BOX 100277

Date of Disbursement

M M	D D	Y Y Y Y
07	17	2014

City	State	Zip Code
FT. LAUDERDALE	FL	33310

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB21.15767

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: FL

District: 20

Full Name (Last, First, Middle Initial)

**C. Howard County Democratic Party**

Mailing Address 7050 Oakland Mills Rd, Suite 120

Date of Disbursement

M M	D D	Y Y Y Y
08	28	2014

City	State	Zip Code
Columbia	MD	21046

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB21.15868

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2500.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Maryland Democratic Party**

Mailing Address 188 Main Street, Suite 1

City	State	Zip Code
Annapolis	MD	21401

Purpose of Disbursement  
Donation

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2014

Amount of Each Disbursement this Period

20000.00
----------

Transaction ID : SB21.15854

**B. Maryland Democratic Party**

Mailing Address 188 Main Street, Suite 1

City	State	Zip Code
Annapolis	MD	21401

Purpose of Disbursement  
Donation

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		26		2014

Amount of Each Disbursement this Period

20000.00
----------

Transaction ID : SB21.15865

**C. MOORE FOR CONGRESS**

Mailing Address PO BOX 16646

City	State	Zip Code
MILWAUKEE	WI	53216

Purpose of Disbursement  
Donation

Candidate Name

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: WI

District: 04

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2014

Amount of Each Disbursement this Period

2000.00
---------

Transaction ID : SB21.15779

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

42000.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Morgan State University Foundation**

Mailing Address 1700 E. Cold Spring

City	State	Zip Code
Baltimore	MD	21251

Purpose of Disbursement  
Donation

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

Amount of Each Disbursement this Period

300.00
--------

Transaction ID : SB21.16017

**B. National Democratic Club**

Mailing Address 30 Ivy Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Dues

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2014

Amount of Each Disbursement this Period

480.00
--------

Transaction ID : SB21.15773

**c. National Democratic Club**

Mailing Address 30 Ivy Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Dues

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		05		2014

Amount of Each Disbursement this Period

10.00
-------

Transaction ID : SB21.15969

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

790.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. National Democratic Club**

Mailing Address 30 Ivy Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Dues

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2014

Amount of Each Disbursement this Period

475.00
--------

Transaction ID : SB21.16022

Full Name (Last, First, Middle Initial)

**B. Pearl Foundation, Inc.**

Mailing Address PO Box 178

City	State	Zip Code
Columbia	MD	21045

Purpose of Disbursement  
Donation

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		01		2014

Amount of Each Disbursement this Period

255.00
--------

Transaction ID : SB21.15967

Full Name (Last, First, Middle Initial)

**c. Young Men With Power**

Mailing Address PO Box 13403

City	State	Zip Code
Baltimore	MD	21233

Purpose of Disbursement  
Donation

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2014

Amount of Each Disbursement this Period

200.00
--------

Transaction ID : SB21.15776

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

475.00

71465.00